

### Goal

Reduce the impact of selective musculoskeletal conditions by lessening their occurrences, activity limitations, and disabilities.

### Overview

An increasing number of Americans have focused attention on the prevention and treatment of certain disabling conditions, because they desire to increase the quality and longevity of their lives. Musculoskeletal conditions such as arthritis, osteoporosis, and chronic back pain are all relevant conditions of interest for the public health system.

#### Arthritis

Arthritis encompasses more than 100 diseases and related conditions. Osteoarthritis, gout, rheumatoid arthritis, and fibromyalgia are among the most common forms of arthritis. Rheumatoid arthritis and lupus are two forms of arthritis that can affect multiple organs and result in widespread symptoms with seriously disabling effects. Kentucky is known to have one of the highest arthritis prevalence rates in the nation. The 2003 Behavioral Risk Factor Surveillance System (BRFSS) data indicate 35 percent of Kentuckians have doctor-diagnosed arthritis and an additional 15 percent have chronic joint symptoms consistent with arthritis. Barriers to care, being overweight or obese, and lack of regular physical activity put many of Kentucky's residents at risk for the development and progression of this disease.

Early diagnosis, consistent medical management, weight control, appropriate levels of regular physical activity, and further education through evidence based self-management strategies are essential steps toward reducing the burden of arthritis. Evidence based self-management strategies to improve the functioning of people with arthritis include: Arthritis Foundation Self-Help Programs, Arthritis Foundation Exercise Programs, and Arthritis Foundation Aquatic Programs.

#### Osteoporosis

Osteoporosis is a disease in which bones become fragile and are more likely to break. If not prevented or if left untreated, osteoporosis can progress painlessly until a bone breaks. These fractures occur typically in the hip, spine, and wrist. Osteoporosis is the most important underlying cause of fractures in the elderly. Although osteoporosis can be defined as low bone mass leading to structural fragility, it is difficult to determine the extent of the condition described in these qualitative terms. Using the World Health Organization's quantitative definition based on bone density measurement, there are roughly 10 million Americans over age 50 with osteoporosis and an additional 34 million with low bone mass or osteopenia of the hip, which puts them at risk for osteoporosis, fractures, and their potential complications later in life (National Osteoporosis Foundation 2002).

#### Chronic Back Conditions

Chronic back conditions are common and often debilitating. Annually, back pain occurs in 15-45 percent of individuals, and 70 percent to 85 percent of people report back pain at some time in their lives. Back pain in the United States has been documented as the most frequent cause of activity limitation for persons under age 45 years, the second most common reason for physician visits, the fifth most common reason for hospitalization, and the third most common reason for surgical procedures (Healthy People 2010).

---

## Summary of Progress

The HK 2010 objectives for arthritis, osteoporosis, and chronic back pain were originally written to mirror the national Healthy People 2010 draft objectives being circulated at the time. The national draft objectives largely relied on national data sets, in particular the National Health Interview Survey. Because there is no comparable surveillance system in Kentucky, it is not possible to measure progress toward many of the objectives for Kentucky. In addition, the arthritis related questions on the BRFSS, including the questions used to measure arthritis prevalence and chronic joint pain have changed since the year 2000, making comparisons across time invalid.

Because of these issues, the objectives for arthritis, osteoporosis and chronic back pain have been revised to align with the surveillance priorities established by the Centers for Disease Control and Prevention's (CDC) Arthritis Program. The new objectives rely on the BRFSS optional arthritis management module and the core arthritis and core quality of life questions.

The state arthritis program was first funded by the CDC in September of 1999. The program receives no state general funds. The state program works with local health departments and the Kentucky affiliate of The Arthritis Foundation to expand the reach of evidence based interventions to improve the ability of Kentuckians to live more comfortably and productively despite the presence of arthritis.

## Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for Arthritis, Osteoporosis, and Chronic Back Conditions	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
16.1R. Decrease the percentage of people with doctor diagnosed arthritis who report activity limitations because of their arthritis, from 50 percent to 48 percent.	50% (2003)	≤48%	50% (2003)	N/A	BRFSS
16.2. - 16.4. (DELETED)					
16.5R. Decrease the percentage of people with doctor diagnosed arthritis who report that arthritis impacts the ability, type, or amount of paid work they can perform, from 51 percent to 49.	51% (2003)	≤49%	51% (2003)	N/A	Optional Arthritis module on BRFSS
16.6. (DELETED)					
16.7R. Decrease the percentage of people reporting chronic joint pain who have not seen a doctor for diagnosis, from 52 percent to 50 percent.	52% (2003)	≤50%	52% (2003)	N/A	Optional Arthritis module on BRFSS
16.8.- 16.9. (DELETED)					
16.10R. Increase by 10 percent, the number of certified instructors for the evidence-based arthritis education programs: Arthritis Foundation Self Help (ASH) courses, Arthritis Foundation Exercise Programs (AFEP), and Arthritis Foundation Aquatics courses by 2010.	Aquatics: 77 (2005)	≥84	77 (2005)	N/A	As compiled by the KY Arthritis Foundation
	AFEP: 20	≥22	20	N/A	
	ASH : 21	≥23	21	N/A	
	Support Group: 20	≥22	20	N/A	
16.11R. Increase the percentage of adults with arthritis who meet or exceed the recommendations for moderate physical activity, from 28 percent to 30 percent .	28% (2003)	≥30%	28% (2003)	N/A	Optional Arthritis module on BRFSS
16.12. (DELETED)					
16.13R. Increase the percentage of middle and high schools in Kentucky that teach the importance of including calcium in the diet in their health education courses.	86.8% (2002)	≥90%	86.8% (2002)	N/A	SHEP

R = Revised objective

N/A = Only baseline data are available. Not able to determine progress at this time.

**Progress toward Achieving Each HK 2010 Objective**

Summary of Objectives for Arthritis, Osteoporosis, and Chronic Back Conditions	Baseline	HK 2010 Target	Mid- Decade Status	Progress	Data Source
16.14.- 16.15. (DELETED)					
16.16N. Reduce the rate of hospitalization for vertebral fractures associated with osteoporosis (rate per 10,000 adults aged 65 and older).	12.8 per 10,000 (2001)	≤11.5 per 10,000	14.8 per 10,000 (2003)	No	HOSP
16.17N. Increase the number of practicing rheumatologists in Kentucky by 25 percent.	35 (2005)	≥44	35 (2005)	N/A	Survey of Medical Board of Licensure

N = New objective

N/A = Only baseline data are available. Not able to determine progress at this time.